

UNITED STATES DISTRICT COURT

for the

Central District of California

East Division

Case No. _____

(to be filled in by the Clerk's Office)

ERNIE CALHOON,

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

STATE BAR OF CALIFORNIA, SUPREME
COURT OF CALIFORNIA, COURTS OF
APPEALS, SUPERIOR COURTS, JUDICIAL
BRANCHES, DOES 1 - 500,

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Ernie Calhoon		
Address	8282 Sierra Avenue, Suite 4131		
	Fontana	CA	92335
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	San Bernardino		
Telephone Number	760-239-6663		
E-Mail Address	calhoonlaw@yahoo.com		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	California State Bar		
Job or Title <i>(if known)</i>	845 South Figueroa		
Address			
	Los Angeles	CA	90017
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	Los Angeles		
Telephone Number			
E-Mail Address <i>(if known)</i>			
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 2

Name	California Supreme Courtq		
Job or Title <i>(if known)</i>			
Address	350 McAllister Street		
	San Francisco	CA	94102
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	San Francisco		
Telephone Number			

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

E-Mail Address *(if known)*
☐ Individual capacity
 ☒ Official capacity

Defendant No. 3

Name

Courts of Appeal

Job or Title *(if known)*

Address

Various

Various

City

State

Zip Code

County

Various

Telephone Number

E-Mail Address *(if known)*
☐ Individual capacity
 ☒ Official capacity

Defendant No. 4

Name

Superior Courts and Judicial Branch

Job or Title *(if known)*

Address

Various

Various

City

State

Zip Code

County

Various

Telephone Number

E-Mail Address *(if known)*
☐ Individual capacity
 ☒ Official capacity
II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against *(check all that apply)*:
☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

ADA, Constitutional Privacy, Privacy as ADA Accommodation, Failure to Provide Other ADA Accommodations, Adverse Action under ADA, Free Speech, Due Process, Free Speech under 1st Amendment, Petition Clause under 1st Amendment, 5th Amendment, 14th Amendment, Deprivation of Rights under Color of Law (Title 18, Sec. 242).

- C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

None.

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

State Bar and courts took and/or conspired to take adverse action against Plaintiff. State Bar and courts took adverse action against Plaintiff in retaliation for his exercise of rights under the statutes listed in II.B, above.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

Primarily in Los Angeles and San Francisco Counties, also some actions occurred in Orange and may have occurred in other counties in the State of California

- B. What date and approximate time did the events giving rise to your claim(s) occur?

Prior to and including April 1, 2021, and continuing through at least August 24, 2021.

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

The facts must be sealed as they contain confidential information. In summary, the State Bar and the courts took multiple adverse actions against Plaintiff after he engaged in protected activity by advocating for his rights under the ADA and engaged in advocacy for himself and his clients under the provisions of law set forth in II.B, above. The actions of the State Bar and the courts constitute unlawful retaliation for Plaintiff's advocacy and protected activity. The actions of the State Bar included abusing its power to place plaintiff in a false light that was defamatory, libelous, and damaging to his legal career. The actions of the Courts included differential and less favorable treatment of Plaintiff than other attorneys who were not engaged in protected activities and did not assert ADA rights. The conduct of the courts included differential use of administrative and ministerial duties and functions to interfere with Plaintiff's ability to practice law, to his damage and that of his clients. Additional facts will be provided through a First Amended Complaint after provisions are made to ensure that the Complaint is filed under seal.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Plaintiff has suffered substantial emotional and mental injuries, including loss of enjoyment of life, grief, damage to reputation as a trial lawyer, loss of livelihood, including loss of past and future earnings.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Plaintiff seeks economic loss for past and future loss of income, unspecified damages for mental and emotional distress, punitive damages to the extent it may be recovered and an award of attorney fees. \$100,000,000.00 is sought as to each defendant.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: April 3, 2023

Signature of Plaintiff /s/ Ernie Calhoon

Printed Name of Plaintiff Ernie Calhoon

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address
